U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3263	2. Fiscal Year Covered From:
	7/7/64 Through: 12/31/04
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Richard L Felber	Name Twin Citics Plasterers Local 265
	Labor Organization File Number 265 5402 7 6
P.O. Box, Bldg., Room No., If any #386	P.O. Box, Building and Room Number, if any
Street 312 Central Auc.	Street 3/2 Central Ave.
City Mols.	City Mp/s.
State 770. ZIP Code +4 55 41 V	State 1/1/1. ZIP Code + 4 55 4/4
5. Position in labor organization. Rusiness Manager	
(except as specified in the except as specified	ouse or minor child directly or indirectly had any of the following interests ilusions set forth in the instructions):
monetary value from an employer whose employees your organiza	7.a. Nature of Interest, Transaction, or Income.
Name and address of Employer (including trade name, if any).	
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	The second secon
Street	7.b. Amount.
Section 1. Control of the Control of	The state of the s
City:	3
State ZIP Code + 4	
Sig	nature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompa undersigned's knowledge and belief, true, correct, and complete. (See the	of Perjury and other applicable penalties of the law, that all of the information nying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.)
Signed Jufford Fifth	On 7/7/05 6/2 - 379 - 15/5  Date Telephone Number
	Date Leepnone number

	File Number U- 30	<u> </u>
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business ely seeking to represent, or irectly to, or otherwise	
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C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street	12.b. Amount. er parts A and B above) y or other thing of value.	

Name of Person Filing		File Number U- 32	6.5
B. Held an interest in or derived income or economic benefit with monetary valuable substantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rise dealing with the busines: ely seeking to represent, or rectly to, or otherwise	\$	
8. Name and address of Business (including trade name, if any).  Name Wilson - Mishane Corp.  Trade Name, If any:  P.O. Box, Bldg., Room No., if any \$500  Street \$300   Metro Drive  City Bloomins ton  State Mn. ZIP Code + 4 55 4/2 5	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer	ntion	
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10. If 8.b. or 9.c. is checked give trust or employer's name.  Name Plasterers Rabinet Makers Health Fund Mpls. Operative Plasterers Retirement Plan  Trade Name, If any:  P.O. Box, Bidg., Room No., if any #500	3 B Party A. Health + We	Uministrato	iòn
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	12.b. Amount.		\$75.00
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).  Name  Trade Name, if any:	And the Control of Con		
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Name of Person Filing	File Number U- 30	^~~ <u>~</u>
B. Held an interest in or derived income or economic benefit with monetary valus substantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indidealing with your labor organization or with a trust in which your labor organization.	ise dealing with the business ely seeking to represent, or rectly to, or otherwise	
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city Bloomins ton		
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10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	A CONTRACTOR OF THE PROPERTY O
Name Plasterers Rabinet Makers Health Fund Mpls. Operative Plasterers Retirement Plan	3 BParty Administrate Health + Welfore + Pons	
P.O. Box, Bidg., Room No., if any #500		· · · · · · · · · · · · · · · · · · ·
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	12.b. Amount.	240.00
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money		
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B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or rectly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name Plasterers & Cabinet Makers Health Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any \$500  Street 300 Metro Orive  City Blanminston  State Mo: ZIP Code+4 55425	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:	11.a. Nature of such dealing.  Trust Fund for No.	milths Welfore
P.O. Box, Bldg., Room No., if any Street City	11.b. Approximate dollar value of such dealing	
State ZIP Code + 4	12.a. Nature of interest held or income red Tructee Meetings 1 Aprix 10 meeting 1	-Lunch
	12.b. Amount.	8200:00
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
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Trade Name, if any:		
P.O. Box, Bidg., Room No., If any		
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13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing	File Number U-	3263
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directiv to, or otherwise	
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Mn. Lath & Plaster Bureau	57	
Trade Name, If any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., If any	c. Employer	
Street \$20 Trans fer Rd.	**************************************	
City 57. Paul		:
State Mo. ZIP Code + 4 55/14		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
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C. Received from any employer (other than an employer covered un- or from any labor relations consultant to an employer any payment of mone	der parts A and B above) ey or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
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13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	
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Name of Person Filing	. File	Number U- 3263	
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business wely seeking to represent, or lirectly to, or otherwise		
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10. If 9.b. or B.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
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	12.b. Amount.	TATE OF THE PERSON OF THE PERS	25.00
C. Received from any employer (other than an employer covered ur or from any labor relations consultant to an employer any payment of mor	nder parts A and B above) ney or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
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lame of Person Filing	File Number	*U-3465
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B. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Mr. Lath + Plaster Bureau		
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P.O. Box, Bidg., Room No., If any	b. Trust	
Street 820 Frans Fex Rd.	c. Employer	and the state of t
City 5+. Paul  State Po. ZIP Code + 4 55 1/4		
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10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Industry Promot	/0^
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P.O. Box, Bidg., Room No., if any		
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	Aprix 12 meetin	
	12.b. Amount.	84.00
C. Received from any employer (other than an employer covered upor from any labor relations consultant to an employer any payment of more	ney or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
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13.b. Is the Business an Employer or Consultant ?		

Name of Person Filing		File Number U- 32	63
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8. Name and address of Business (including trade name, if any).  Name Mc (France, Shew, Anderson  Trade Name, if any:  P.O. Box, Bidg., Room No., if any 2500  Street FOO Miscollet Mail	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer	ation	
City         Mp/s:           State         Mn:           ZIP Code + 4         55402			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dea	ling.	
Name Plasterers & Cabinetrakes Hall Fund  Trade Name, if any:  P.O. Box, Bidg., Room No., if any #500	Trust Fund	Attorny	
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city Blooming ton	12.a. Nature of interest he		· · · · · · · · · · · · · · · · · · ·
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	12.b. Amount.		\$75.00
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
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Name of Person Filing	rile Number U-	3263
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or irectly to, or otherwise	
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Street 5200 Willson Rd.	C. Employer	
city Edina		
State Mo. ZIP Code + 4 55 42 9		
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C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:	Shareholder Lunch  12.b. Amount.  Priparts A and B above) or other thing of value.	
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C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	Shareholder Lunch  12.b. Amount.  Priparts A and B above) or other thing of value.	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	Shareholder Lunch  12.b. Amount.  Priparts A and B above) or other thing of value.	

Name of Person Filing	File Number U- 3263
B. Held an interest in or derived income or economic benefit with monetary valisubstantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Union Bank + Trust  Trade Name, if any:  P.O. Box, Bldg., Room No., if any #50P  Street 312 Central Arc.  City Mp/s.  State Mo.: ZIP Code + 4 554/14	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Plasterers r Cabinet makers Wealth Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any \$\$\forall 500	Banking Services  Union Treasure
Street 3001 Metro Drive	11.b. Approximate dollar value of such dealing. Trust Fund
City Blooming ton	12.a. Nature of interest held or income received.
State 70: ZIP Code + 4 55 42 5	6014
	12.b. Amount. #60-00
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
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Street City State ZIP Code + 4	14.b. Amount of payment.

Name of Person Filing	The Number 6-2	×60
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activated any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or irectly to, or otherwise	:
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Mpk. Labor Temple Association	X a. Labor Organization	!
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P.O. Box, Bidg., Room No., if any #556	c. Employer	
Street 3/2 Central Ave.	**************************************	
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10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
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C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	Meetings  12.b. Amount.  er parts A and B above) or other thing of value.	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name	Meetings  12.b. Amount.  er parts A and B above) or other thing of value.	
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Name of Person Filing	File Number U-	263	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name	5		
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	b. Trust		
Street	C. Employer		
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name			
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received	<u></u>	
State ZIP Code + 4			
	12.b. Amount.		
	14.0. /411002),		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
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B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acc (2) any part of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or ndirectly to, or otherwise	
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	c. Employer	
Street		
City State ZIP Code + 4		
15 Table State Control of the Contro	11.a. Nature of such dealing.	
10. If 9.b. or 9.c. is checked give trust or employer's name.	i i.a. Nature of such dealing.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		deligità certification
Street		About the second
a vide 5 dis M de 5 Million (Million College (College) - "The Million College (College) - The	11.b. Approximate dollar value of such dealing	9.
City	12.a. Nature of interest held or income rec	eived.
City  State  ZIP Code + 4	12.a. Nature of interest held or income rec	eived.
	12.a. Nature of interest held or income rec	eived.
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	12.b. Amount.  der parts A and B above)	eived.
State ZIP Code + 4  C. Received from any employer (other than an employer covered un	12.b. Amount.  der parts A and B above) ey or other thing of value.  14.a. Nature of payment.	eived.
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